

MA 1/3/18

BEAUFORT COUNTY SHERIFF'S OFFICE FREEDOM OF INFORMATION ACT REQUEST

After your request has been researched, you will receive a confirmation email stating the total fee being charged for the copy(s), calculated in accordance with Beaufort County Ordinance Sec. 2-435.

Payment must be mailed (**MONEY ORDERS and CERTIFIED CHECKS only**) along with a copy of the confirmation and a self-addressed stamped envelope to: Beaufort County Sheriff's Office, P.O. Box 1758, Beaufort, SC 29901.

The requested copy(s) will be forwarded upon receipt of payment.

Name of Requester Gina Smith, The Island Packet and Beaufort Gazette

Preferred Method of Contact: ☒ Email: gsmith@islandpacket.com
☐ Phone: 803-414-1340

Mailing Address (Requested copies will be mailed to this address):

Street No & Name: The State newspaper 1401 Shop Rd. City Columbia State SC Zip Code 29201

REPORT INFORMATION:

Incident Date: _____

Incident Location: _____

Name(s) on Report (Victim/Suspect): _____

Report Number (If known): _____

If more than one document is being requested, please list additional report numbers (if known) below.

1) Rep# _____ 2) Rep# _____ 3) Rep# _____

4) Rep# _____ 5) Rep# _____ 6) Rep# _____

Further explain request as needed below.

* The complete personnel file of former Beaufort County Sheriff's Office employee Selena Nelson.

* The entire internal affairs investigation that resulted in the termination of her employment. Please include any videos.

* SHERIFF'S OFFICE USE ONLY *

Date Request Received: 01-03-18 Number of Pages Requested: _____
 Total Amount Due: _____ Date Payment Received: _____
 Records Released By: [Signature] Date Released: _____

Certified to be a true and correct
copy of the original document on file with
the Office of Sheriff for Beaufort County.
Michael M. Hatfield
 Chief Deputy, Beaufort County Sheriff's Office